



CODE ENFORCEMENT COMPLAINT REPORT

City of Loma Linda, Public Safety Dept. – Code Enforcement
25541 Barton Road, Loma Linda, CA 92354

Complaint / Reporting Party _____

Date _____

Address _____

Phone # _____

All information must be completely filled out. Anonymous complaints will not be received. It is department policy not to disclose complainant names during the initial stages of an enforcement effort. Due to the Freedom of Information Act cases which are prosecuted in Court may lead to the divulging of the Complainants name.

Location of Complaint _____
(one address per complaint form)

Nature of Complaint _____

(Signature of Reporting Party)